

| <b>ORDER FOR SUPPLIES OR SERVICES</b>  |  |  |  |   |  |  |   |   |   | PAGE 1 OF<br>60             |  |
|--|--|--|--|---|--|--|---|---|---|-----------------------------|--|
| 1. CONTRACT/PURCH ORDER/AGREEMENT NO.<br><div style="text-align: center;">N0017819D7613</div>  |  |  | 2. DELIVERY ORDER/CALL NO.<br><div style="text-align: center;">N0001420F3000</div> |   | 3. DATE OF ORDER/CALL<br>(YYYYMMDD)<br><div style="text-align: center;">2019NOV12</div>                                    |  | 4. REQUISITION/PURCH REQUEST NO.<br><div style="text-align: center;">1300792835</div> |   | 5. PRIORITY<br><div style="text-align: center;">Unrated</div> |                             |  |
| 6. ISSUED BY<br>Office of Naval Research<br>875 N. Randolph St<br>Arlington, VA 22203-1995   |  |  |  | 7. ADMINISTERED BY (If other than 6)<br>SCD: C  |  | 8. DELIVERY FOB<br><input type="checkbox"/> DESTINATION<br><input type="checkbox"/> OTHER<br>(See Schedule if other) |   |   |   |                             |  |
| 9. CONTRACTOR<br>NAME AND ADDRESS<br>Envisioneering<br>5904 Richmond Hwy., Ste. 300<br>Alexandria, VA 22303  |  |  |  | FACILITY<br>132587846   |  | 10. DELIVER TO FOB POINT BY (Date)<br>(YYYYMMDD)<br><div style="text-align: center;">SEE SCHEDULE</div>              |   | 11. X IF BUSINESS IS<br><input checked="" type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |   |                             |  |
| 12. DISCOUNT TERMS<br><div style="text-align: center;">Net 30 Days WAWF</div>  |  |  |  | 13. MAIL INVOICES TO THE ADDRESS IN BLOCK<br><div style="text-align: center;">SEE SECTION G</div>   |  |  |   |   |   |                             |  |
| 14. SHIP TO<br>SEE SECTION F   |  |  |  | 15. PAYMENT WILL BE MADE BY<br>DFAS Columbus Center, South Entitlement Operations<br>P.O. Box 182264<br>Columbus, OH 43218-2264                       |  |  |   | MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.   |   |                             |  |
| 16. TYPE OF ORDER  |  | DELIVERY/CALL<br><input checked="" type="checkbox"/> |  | This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. |  |  |   |   |   |                             |  |
|  |  | PURCHASE<br><input type="checkbox"/>                 |  | Reference your _____ furnish the following on terms specified herein.   |  |  |   |   |   |                             |  |
| <b>ACCEPTANCE.</b> THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. |  |  |  |   |  |  |   |   |   |                             |  |
| Envisioneering   |  |  |  | Chris Secor   |  |  |   |   |   |                             |  |
| NAME OF CONTRACTOR   |  |  |  | SIGNATURE   |  |  |   | TYPED NAME AND TITLE  |   | DATE SIGNED<br>(YYYYMMDD)   |  |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:   |  |  |  |   |  |  |   |   |   |                             |  |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE<br>SEE SCHEDULE  |  |  |  |   |  |  |   |   |   |                             |  |
| 18. ITEM NO.   |  | 19. SCHEDULE OF SUPPLIES/SERVICES                    |  |   |  | 20. QUANTITY ORDERED/ACCEPTED*   | 21. UNIT  | 22. UNIT PRICE  |   | 23. AMOUNT                  |  |
|  |  | SEE SCHEDULE   |  |   |  |  |   |   |   |                             |  |
| *If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.  |  |  |  | 24. UNITED STATES OF AMERICA<br><br>/s/Marie Devine<br>BY:  |  |  |   | 11/12/2019<br>CONTRACTING/ORDERING OFFICER  |   | 25. TOTAL<br>\$4,746,569.00 |  |
| 26. DIFFERENCES  |  |  |  |   |  |  |   |   |   |                             |  |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED:   |  |  |  |   |  |  |   |   |   |                             |  |
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE   |  |  |  |   | c. DATE<br>(YYYYMMDD)  |  | d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE                     |   |   |                             |  |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE   |  |  |  |   | 28. SHIP. NO.<br><br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                                    |  | 29. D.O. VOUCHER NO.  |   | 30. INITIALS  |                             |  |
| f. TELEPHONE NUMBER  |  | g. E-MAIL ADDRESS                                    |  |   | 31. PAYMENT<br><br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL |  | 32. PAID BY   |   | 33. AMOUNT VERIFIED CORRECT FOR                               |                             |  |
| 36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.  |  |  |  |   |  |  |   |   | 34. CHECK NUMBER  |                             |  |
| a. DATE<br>(YYYYMMDD)  |  | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER         |  |   |  |  |   |   | 35. BILL OF LADING NO.  |                             |  |
| 37. RECEIVED AT  |  | 38. RECEIVED BY (Print)                              |  | 39. DATE RECEIVED<br>(YYYYMMDD)   |  | 40. TOTAL CONTAINERS   |   | 41. S/R ACCOUNT NUMBER  |   | 42. S/R VOUCHER NO.         |  |